

EXHIBIT 2

UNITED STATES MEDICAL LICENSING EXAMINATION™ (USMLE™)

Step 2 Clinical Skills

Applicant's Request for Test Accommodations

In order to submit a request for test accommodations for USMLE Step 2 CS :

- Complete and submit the USMLE Step 2 CS Registration form Parts A and B
- Review the current Content Description and General Information available at www.usmle.org. This information will orient you to the exam format.
- Complete the Step 2 CS Applicant's Request for Test Accommodations.

In order to have your request processed without delay you **MUST**:

1. Provide supporting documentation verifying your functional impairment. Supporting documentation should be submitted unbound. Please see documentation submission information on page 5. In order to document your need for accommodation as completely as possible, please attach:

- Evaluation reports of appropriate professionals printed on letterhead and signed by the evaluator(s). Psychoeducational testing should be reported using age norms for all measures where available.
- Primary documentation (report cards, teacher notes, behavioral observations, medical records, etc.)
- A personal statement describing your disability and its impact on your daily life and educational functioning. Do not confine your comments to standardized test performance. Please discuss your overall functioning in both academic and non-academic settings.

2. Provide specific request(s) for test accommodations:

- Test accommodations may be provided on one or more section of Step 2 CS. Sections of the exam include:
1. Exam orientation 2. Patient encounter 3. Patient note
- You must document a functional impairment that substantially impacts the tasks required for a specific section of the examination in order to be considered for accommodations on that section of the examination.

Please note these important facts:

- NBME will acknowledge receipt of your request and audit your documentation for completeness. If your request does not include sufficient documentation of a current substantial functional impairment to warrant review, you will receive written notice of the documentary deficiencies and will be required to provide additional documentation.
- Submitting insufficient documentation with your request for test accommodations may substantially lengthen the decision making process regarding your request.
- Information regarding the granting or denial of test accommodations will NOT be released via telephone. All official communications regarding your request will be made in writing. Should you wish to modify or withdraw a request for test accommodations, please contact Disability Services at 215-590-9509.

All official communications regarding requests for test accommodations, including final decisions, will be communicated in writing only.

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Disability Services

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NBME/Katz 0208

DEFENDANT'S
EXHIBIT

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Please type or print legibly.

Section A: Biographical Information

1. Name: Katz Richard D.
Last First Middle Initial2. Gender: ☒ Male ☐ Female

3. Date of Birth: _____

4. SS# _____
(if known)5. USMLE # 0-631-475-15. A. Permanent Address: 90-50 Union Tpke. Apt. 18H
Street Glendale NY 11365
City State/Province Zip/Postal Code
USA
Country
(718) 974-3718
Daytime Telephone Number
(718) 847-2823
Alternate Telephone Number
E-mail address cat2400@msn.comB. Temporary/ Mailing Address: _____
Use this address from: ____/____/____ to ____/____/____
Street
City State/Province Zip/Postal Code
Country
Daytime Telephone Number
Alternate Telephone Number
E-mail address6. Medical School: St. Christopher's College of Medicine1004785 0-631-475-1
Step 2 CS Request Form

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Disability Services

Section B: Nature of Disability

7. Indicate the nature of the disability and the year it was first professionally diagnosed (select all that apply):

Sensory Impairments:

☐ Hearing Disability _____☐ Visual Disability _____

Learning Impairments:

☐ Reading Disability _____☐ Writing Disability _____☐ Other: _____

Language Impairments:

☐ Receptive Language Disorder _____☐ Expressive Language Disorder _____☐ Mixed Receptive/Expressive Language Disorder _____☐ Other: _____

Medical Impairments:

☐ Mobility/Motor _____☐ Diabetes/Thyroid Dysfunction _____☐ Epilepsy/Neurological _____☐ Other: _____

Mental Health /Executive Function Impairments:

☒ Anxiety Disorder _____☒ Attention Deficit Hyperactivity Disorder 2005☒ Other: depression**Section C: Accommodations Information**

- Accommodation(s) must be appropriate to the disability
- For each accommodation requested indicate the section(s) of the examination you believe is affected (i.e., orientation, patient encounter, patient note)
- If you are requesting additional testing or break time, please indicate the amount of additional time requested in minutes (DO NOT indicate time in multiples of standard time, such as time and one half, double time, etc.)

8. What accommodation(s) are you requesting?

A. Section of Exam:

Patient Note.

Accommodation Requested:

20 minutes

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Disability Services

B. Section of Exam:

Accommodation Requested:

C. Section of Exam:

Accommodation Requested:

9. Do you require wheelchair access at the examination facility?

☐ yes

☒ no

If you require an adjustable height table, please indicate the number of inches from the floor: _____

Section D: Accommodation History

10. Prior classroom or test accommodations that you have received:

A. Standardized Examinations

☐ yes

☒ no

Medical College Admission Test (MCAT):

Month/Year _____

Accommodation received _____

(If extra time, note amount given _____)

Other:

Month/Year _____

Accommodation received _____

(If extra time, note amount given _____)

B. Medical School

☐ yes

☒ no

Accommodation received

Clinic: _____

Classroom: _____

Date Approved _____

If yes, have an appropriate official at your medical school complete the Certification of Prior Test Accommodations form.

C. College

☒ yes

☐ no

If yes, accommodations received Extended Exam Time

D. Secondary or elementary school

☒ yes☐ noIf yes, accommodations received Exempt From Class Room Time Weekly

II. Authorization (You must sign and date this item in order to have your request processed)

For Speech Training Pathology

I authorize the National Board of Medical Examiners (NBME) to contact the entities identified in Section D of this request form, and the professionals identified in the documentation I am submitting in connection with it, to obtain any or all of the following: confirmation, clarification, and/or further information. I authorize such entities and professionals to provide NBME with all requested confirmation, clarification, and further information.

Signature: *Richard K. Katz, M.D.*Date: 06/06/05**DO NOT SUBMIT:**

- Original documents; keep the original and submit a copy
- Research articles, resumes, curriculum vitas
- Handwritten letters from physicians or evaluators
- Handwritten letters from physicians or evaluators
- Documentation previously submitted to Disability Services
- Documentation previously submitted to your registration entity
- Previous correspondence from Disability Services
- Multiple copies of documentation (i.e., faxed and mailed copies of a document)
- Staples, clips, binders, page protectors, folders, or similar items

Please note that submitting duplicate documentation and/or bound documentation may delay a decision regarding your request as all documentation must be processed.

DO SUBMIT:

- Legible copies
- All documents in English. You are responsible for providing certified English translations of foreign-language documentation
- Typed or printed letters and reports from evaluators
- Documentation from childhood if you are requesting accommodations based on a developmental disorder, i.e. LD, ADHD, Dyslexia
- Documentation of your functional impairment in activities beyond test-taking
- Documentation of your functional impairment beyond self-report

Mail your completed questionnaire and documents to:

Students / Graduates of US & Canadian Medical Schools
 Testing Coordinator, Disability Services, National Board of Medical Examiners,
 3750 Market Street, Philadelphia, PA 19104-3190.
 215-590-9509

Students / Graduates of International Medical Schools
 Test Accommodations Coordinator, Educational Commission for Foreign Medical Graduates
 3624 Market Street, Philadelphia, PA 19104 USA.

Please keep a copy of your completed request form for your records.

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Disability Services